United States Department of the Interior
BUREAU OF LAND MANAGEMENT
OREGON/WASHINGTON

Robert Duncan Plaza Building
333 SW 1st Avenue
Portland, Oregon 97204

BLOODBORNE PATHOGENS PROTECTION POLICY AND EXPOSURE CONTROL PLAN

OR/WA Supplement to BLM Manual Handbook 1112-1
Safety and Health Management

June 2003
Oregon/Washington

Attachment 1-1

Bloodborne Pathogens (BBP) Protection Policy
And
Exposure Control Plan

16.6.1 Policy Statement

The Oregon Washington Bureau of Land Management is committed to providing a safe and healthful work environment for all employees. In pursuit of this endeavor, the following exposure control plan (ECP) will assist in eliminating or minimizing employee occupational exposure to bloodborne pathogens in accordance with OSHA standard 29 CFR 1910.1030, *Occupational Exposure to Bloodborne Pathogens.*

16.6.2 Purpose and General Information

Every job involves certain risks. All safety and occupational health programs strive to protect employees from all potential hazards on the job. Some identified hazards can result in serious injury or illness. The risk of exposure to bloodborne pathogens in certain work tasks (occupational exposure) is very serious and may be life threatening. Initially, OSHA created this standard to apply to health care workers. However, OSHA regulations now include employees in all occupations who are determined to have *occupational exposure* to blood or other potentially infectious materials. All employers and employees must comply with the procedures and work practices outlined in this policy. OHSA defines "other potentially infectious materials" as the following:

- Human body fluids – blood, semen or vaginal secretions, cerebrospinal fluid (surrounds brain and spinal cord), synovial fluid (surrounds joints), amniotic fluid (surrounds a fetus in utero), saliva, vomit or urine, any body fluid visibly contaminated with blood, and **all** body fluids in situations where it is difficult or impossible to differentiate between these fluids
- Any unfixed tissue or organ (other than intact skin) from a human (living or dead)

Occupational exposure means **reasonably anticipated** skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties. This exposure determination is based on the definition of occupational exposure **without regard to personal protective clothing and equipment.** The determination is made by reviewing job classifications within the work environment, and listing exposures into two groups.

The first group generally includes job classifications in which all of the employees have occupational exposure, such as health care workers in an operating room environment. The second group includes those classifications in which some of the employees have occupational exposure. Where only some employees have occupational exposure, specific tasks and procedures causing occupational exposure are defined, and the associated hazards communicated. Exposure to bloodborne pathogens may occur from accidental

needle stick injuries (trash pickup), cuts from other contaminated sharps (broken glass), and contact of mucous membranes (eye, nose, mouth) or broken (cut or abraded) skin with contaminated blood.

16.6.3 Scope

This BBP Protection Policy and Exposure Control Plan are established to protect all employees from occupational exposure to **any** bloodborne pathogen and/or other potentially infectious materials that could result in a serious infection such as Hepatitis B, Hepatitis C, or HIV. The Oregon/Washington BLM has adopted a system of universal precautions (See *Definitions*) to protect employees. This policy also addresses safe work practices for protection from Hepatitis A.

The following employees are included in this BBP program and classified in **Category 1** on the Exposure Determination Form (See *Appendix A*):

- Employees who provide first aid response as an official duty (expected to render aid: e.g., employees whose work assignments in the field place them beyond responsible accessibility to a medical facility in terms of time and distance. These individuals must be trained to render first aid or be accompanied by someone who has a valid certificate in First Aid and CPR.)[1]
- Recreation and maintenance personnel who perform custodial duties such as trash collection and disposal
- Hazardous Material Specialists/Technicians
- Law enforcement personnel, except primary office support staff
- Other employees and/or volunteers who may be exposed to bloodborne pathogens or any other infectious materials, as determined by an "*Exposure Determination Form"* (See *Appendix A*)

Employees not listed above, who believe they are occupationally exposed because of the tasks and procedures of their job may request a review of those work tasks through their supervisor. A job hazard analysis should be completed.

All other employees are classified in **Category 2**. This category includes support staff and office employees who are not required to have First Aid or CPR training. These individuals are not reasonably expected to have an occupational exposure. (See *Appendix A*)

OR/WA districts may use this policy as a template to create a Bloodborne Pathogens program specific to site needs.

[1] "Good Samaritan" acts (incidental exposures) such as assisting a co-worker with a nosebleed are not considered occupational exposure. The decision to assist is always voluntary.
Employees who receive emergency medical or first aid instruction and certification for their personal benefit, whether funded at their own expense or by the BLM, and who are not expected to provide first aid in an official capacity, are not included in the program.

16.6.4 Responsibilities

Supervisors are responsible to advise employees of the hazards of occupational exposure to bloodborne pathogens that may be associated with their job assignment. Completion of a Job Hazard Analysis (JHA) is mandatory. Each employee and his or her supervisor must also complete an *Exposure Determination Form* (See *Appendix A*). This form is sent to the Safety Office from Personnel within ten days of appointment, or, upon revision of job assignments that may increase the potential for exposure to infectious diseases. The Safety Manager reviews the form and contacts the employee concerning any required vaccinations. The personnel office maintains the only record of the form.[2]

The Safety Manager conducts the Bloodborne Pathogen Program and maintains duplicate records of training. Primary employee training records are kept with the appropriate branch supervisor.

Employees with occupational exposure to bloodborne pathogens are responsible for reviewing this policy and complying with all requirements. Employees are expected to comply with requirements regarding the use of personal protective equipment and should seek additional information, when needed, concerning personal protective clothing, safety equipment and safety procedures as stated in their job hazard analysis.

16.6.5 Methods of Compliance

General. Since many bloodborne pathogens are present in and cannot be eliminated from the work environment, *occupationally exposed employees* must be provided the necessary precautions to eliminate or minimize their exposure to the greatest extent possible. (These precautions include administrative, engineering and work practice controls and information on the use of personal protective clothing and safety equipment).

Universal Precautions **All** employees, regardless of job classification or duties, will observe universal precautions at all times to prevent contact with blood or other potentially infectious materials. That is, they should consider unidentifiable body fluids encountered as potentially infectious materials and take appropriate precautions to avoid contact.

Engineering Controls Engineering controls reduce employee exposure by either removing the hazard or isolating the employee from exposure. Engineering controls will be initiated where economical and practical to eliminate or minimize employee exposure. These controls are reviewed regularly and updated to ensure effectiveness. (Refer to the section on *Engineering Controls and Safe Work Practices* for specific information.)

Such controls include, but are not limited to, one-way mouth barriers for CPR, sealed containers for sharps, and tongs or other mechanical devices for handling sharps or other contaminated objects. *When occupational exposure remains after institution of engineering controls, personal protective clothing and equipment is used*.

[2] Employee medical files are confidential and maintained for the duration of employment plus 30 years.

Work Practice Controls. The following basic work practice controls are fundamental to preventing occupational exposure to bloodborne pathogens and other potentially infectious materials. These controls are combined with engineering controls and the use of personal protective clothing and safety equipment.

- The provision of hand washing facilities or alternate hand washing means at all work sites
- Instruction in the consistent use of proper hand washing techniques[3]

Refer to the section on *Engineering Controls and Safe Work Practices* for additional, specific information.

16.6.6 Exposure and Infection Control Plan

A. Hazard Control of Potential Exposures

Exposure to body fluids presents the possible risk of infection from a variety of bloodborne pathogens, including Hepatitis and HIV. This policy applies to all employees who could be "reasonably anticipated" to contact blood and other potentially infectious materials while in performance of their job duties. The program prescribes safeguards to protect these employees against the health hazards from exposure to these materials and to reduce their risk from this exposure. Employee protection is provided through the following:

- Training
- Engineering Controls and Safe Work Practices (including Universal Precautions and Job Hazard Analysis [JHA])
- Personal Protective Equipment
- Housekeeping
- Recordkeeping
- Vaccinations (See *Appendices B and C)*

B. Training

All employees determined to have occupational exposure to BBP receive initial and annual training from a qualified instructor. The Safety Manager sponsors training and provides specific site materials as required. Employees trained in First Aid and CPR are offered this training. Training includes an explanation of the BBP program, the types and transmission of BBPs, general safety rules, an explanation of engineering controls, safe work practices and universal precautions, selection, use and maintenance of personal protective equipment, medical or IV drug use waste disposal procedures, post exposure treatment and

[3] Following contact with blood or other potentially infectious materials, wash hands and other affected skin promptly with soap and water after removal of gloves and other personal protective clothing and equipment. Flush mucous membranes with water immediately.

procedures, and information about HBV vaccinations. The Safety Manager documents training and provides training information to the employee and the supervisor.

C. Engineering Controls and Safe Work Practices

Engineering controls and safe work practices must be used to prevent or minimize exposure to bloodborne pathogens. The specific controls and practices include:

- Proper storage and disposal facilities and containers These are facilities and containers specifically manufactured for controlling biohazardous wastes. They are impermeable containers (sharps container) or bags (red), clearly marked with the international symbol for infectious waste.[4] The bags are provided in each Bloodborne Pathogens Kit in government vehicles, in the state office, and for field crews.

- First Aid/CPR/AED Employees who *volunteer* to provide assistance to those experiencing a medical crisis should follow these precautions:

  → **ALWAYS** wear personal protective clothing (gloves, goggles, face mask, or face shield)
  → **ALWAYS** use a pocket mask (equipped with a one-way value) for resuscitation efforts (CPR)
  → **ALWAYS** use the disposable resuscitation equipment provided in the BBP kit (dispose of properly following use)

- Handling and Disposal of Hypodermic Needles/Syringes Hypodermic needles and syringes may be found on forest road landings, in and around recreational site toilets, in campground ashes, as well as on city streets. Untrained personnel should **NOT** handle or attempt to dispose of these items. For trained personnel, the following specific procedures are required:

  → **DO NOT** pick up by hand. Use a litter grabber, pliers, or tongs.
  → **ALWAYS** avoid direct contact.
  → **ALWAYS** wear gloves as an added precaution, even when using proper equipment listed above.
  → **ALWAYS** place needles/syringes directly into a hard plastic or metal SHARPS container that is puncture-resistance and leak proof. (See *footnote 4*) (A pop can may be used if a proper container is not available.) Document the location and time of discovery of these types of items.

4   

- Medical and Sanitary Waste These items include used condoms, sanitary napkins and tampons, Band-Aids®, and human waste (feces/urine). It is essential that trained personnel strictly adhere to good personal hygiene practices.
  - → **DO NOT** pick up by hand. Use a litter grabber, pliers, or tongs. Always avoid direct contact with these items.
  - → **ALWAYS** wear gloves, even when using proper equipment described above.
  - → **ALWAYS** disinfect devices used to pick up medical or sanitary wastes with an approved disinfectant such as a 5% solution of household bleach and water or a chemical germicide.

- Trash and Garbage The handling of discarded trash and garbage represents a combination of hazards due to the possibility of finding discarded hypodermic syringes, sanitary wastes and hazardous chemicals and other materials. Many times these items are found in recreational sites and illegal trash dumps on public lands. For trained personnel the following specific procedures **are required**:

  - → **ALWAYS** use a litter grabber, pickup stick, shovel, or other device to collect garbage and refuse
  - → **ALWAYS** use heavy, disposable gloves and personal protective equipment.[5]
  - → **DO NOT** use your hands or feet to crush garbage or hold garbage bags against your legs or torso. If necessary, summon help to lift heavy trash bags.
  - → **DO NOT** search through or sort trash or garbage.
  - → **DO NOT** reach into areas where the contents is obscured
  - → **ALWAYS** follow good personal hygiene practices [See section on *Work Practice Controls* and *Proper Hand Washing procedures*]

- Guidelines for Proper Hand Washing Body substances may contain disease organisms that can easily contaminate your hands. Disease is easily transmitted from dirty hands to body openings or to other persons. Proper hand washing is one of the most effective methods of disease control.

  - → WASH YOUR HANDS **before:**
    Preparing or eating food
    Smoking, applying cosmetics or handling contact lenses

  - → WASH YOUR HANDS **after**:
    Using the toilet
    Contact or possible contact with blood or body fluids, hypodermic needles or syringes
    Handling litter pick up devices or other soiled equipment used for removal of human waste or materials
    Removing gloves, particularly soiled gloves
    Blowing your nose or coughing into your hands

[5] Heavy leather gloves are recommended when lifting trash bags, as are protective coveralls or leather aprons. When removing and discarding gloves, use care to avoid contact with the exterior surfaces.

- Proper Hand Washing Procedure
  - → Remove all jewelry on fingers and wrists
  - → Use bar or liquid soap and running water. Work up lather and vigorously rub hands together. (This friction loosens dirt and microorganisms.) Wash between fingers.
  - → Clean under fingernails. (Note: Nail polish and long nails may interfere with the ability to wash hands thoroughly.)
  - → Rinse well
  - → Dry hands thoroughly with paper towels or hand dryer
  - → When necessary, disinfectant towelettes or waterless soap may be used

D. Personal Protective Clothing and Equipment

The BLM provides all necessary personal protective equipment (PPE) for employees. Such clothing and equipment includes, but is not limited to, gowns, garments, gloves, face shields or masks, and eye protection. Employees are trained in the proper selection, use, and maintenance of these items, as well as the procedures for decontamination of work surfaces and the proper disposal of contaminated sharps.

Employees will always wear gloves when hand contact with blood or other potentially infectious materials is anticipated. Gloves should fit properly, be durable, and be appropriate to the task performed. Double gloving and the use of barrier creams or foams are highly recommended. An adequate supply of puncture-resistant or heavy leather gloves should be readily accessible in a variety of sizes. Employees should thoroughly wash hands before donning or removing gloves.

DO NOT handle other items such as cell phones or pencils during garbage pickup activities or other maintenance work. This will avoid the possibility of cross contamination. When gloves become contaminated, remove them as soon as possible, avoiding skin contact with exterior surface of the glove. Use red plastic bags to store and transport contaminated gloves to prevent leakage. Dispose of gloves in the same manner as any medical waste (red bag).

Recommended field attire such as long-sleeve shirts, long trousers and lug-soled shoes or boots will serve to protect employees engaged in work procedures which may exposure them to bloodborne pathogens.

Employees must wear masks in combination with eye protection, such as goggles or glasses with solid side shields or chin length face shields whenever eye, nose, or mouth contamination can be reasonably anticipated (e.g., administering First Aid or CPR). These items are provided in the body fluid barrier kits.

E. Housekeeping

All BLM facilities will be kept free of blood or other potentially infectious materials (notwithstanding emergencies). Contaminated surfaces will be cleaned and disinfected following contact with blood or other potentially infectious materials. Contaminated sharps, including hypodermic needles and syringes will be disposed of properly in approved sharps containers. These containers and biohazard red bagged materials must be disposed of in accordance with Federal, State, and local requirements. The Safety Manager will assist in disposal arrangements.

Appropriate housekeeping practices and schedules are identified by a job hazard analysis to prevent or minimize contact with contaminated equipment and work surfaces. Universal precautions will be observed at all times, especially when handling regulated waste.

F. Recordkeeping

1. Medical Records
Medical files for employees with occupational exposure are established and maintained in personnel for the duration of employment plus 30 years (Refer to 29 CFR 1910.1020 for additional information). Medical files generally contain a copy of the results of examinations, medical testing, and any notations from the attending physician. Files must also include a copy of the employee's hepatitis B vaccination status, as well as any other pertinent medical information (e.g., results of medical surveillance exams or post-exposure prophylaxis procedures). These files are strictly *confidential*. Medical records access is provided only upon request of the employee.

2. Training Records
All BBP training sessions are documented and the list retained for at least three years from the date of training. The primary employee training record remains in the branch with the supervisor. The Safety Officer maintains a backup record specifically for safety training.

3. Documentation of Exposure Incidents
The supervisor will immediately document all incidents of employee occupational exposure (including determination of the route of exposure and the circumstances under which the exposure incident occurred) and provide prompt medical attention for the employee. The source individual will be identified if possible. Medical personnel will inform the employee of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual. (See *Appendix D - Occupational Exposure Incident Packet)*

4. Review of Exposure Incidents
Following an exposure incident, the Safety Manager will review the incident and make recommendations to eliminate or minimize similar employee exposures in the future. The Safety Committee may be involved in the review.

5. Vaccinations

The BLM offers the **Hepatitis B** vaccination series to all employees identified in CATEGORY 1. Employees may elect to decline these vaccinations and must document that decision. (See *Appendix B - Informed Consent for Hepatitis B Vaccination or Declination of Vaccination*)

Employees who perform recreational duties including the cleaning of public restrooms or the maintaining of wastewater treatment systems on a regular basis are also offered the **Hepatitis A** virus vaccination series. As with the HBV vaccination series, employees may decline this offer of protection by documenting this decision on the same form. . (See *Appendix C - Informed Consent for Hepatitis A Vaccination or Declination of Vaccination*).

Employees who have experienced an exposure incident are provided a post-exposure evaluation and follow-up medical treatment (See *Appendix D - Occupational Exposure Incident Packet*). These services follow recommendations published by the US Public Health Service.

Following an exposure, the employee must immediately wash the exposed area with soap and water. Employees must attempt to **seek medical review within 2 hours** of the incident, if possible, to begin recommended post-exposure prophylaxis (treatment for disease). Regardless of the time of exposure, employees are to report to the nearest medical facility as soon as possible. When feasible, contact the Safety and Occupational Health Specialist for assistance.

DEFINITIONS

AIDS - Acquired immunodeficiency syndrome, a disease that may develop from HIV infection and leave the body unable to fight off other diseases

Airborne Transmission - The potential person-to-person exposure to bloodborne pathogens by means of aerosolization of blood or other potentially infectious materials

All Employees Exposed - All employees in job classifications where the tasks and procedures of the job place them at risk of occupational exposure to blood or other potentially infectious materials

Bloodborne Pathogens - Microorganisms present in human blood that can cause disease in humans, such as hepatitis B and human immunodeficiency viruses (HBV and HIV)

Contaminated - The presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface

Decontamination – The use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens or other potentially infectious materials on an item or surface to the point where they are no longer capable of transmitting infectious

Engineering Controls – These controls isolate or remove bloodborne pathogen hazards from the workplace.

Exposure Incident – a specific eye, mouth, or other mucous membrane, non-intact skin or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's official duties

Good Samaritan Act – Emergency medical care or first-aid rendered by an employee while on official duty status who is not designated as occupationally exposed or reasonably expected to provide such care to other employees or the general public, whether on or off government premises.

HBV/HCV – Hepatitis B/C viruses, (BBPs) that may severely damage the liver and cause cancer

Occupational Exposure – Employee skin, eye, mucous membrane, or skin-piercing contact with blood or other potentially infectious materials that may reasonably be anticipated to result from performance of an employee's duties

Source Individual – An individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee

Universal Precautions – An infection control method that treats **all** human blood and certain human body fluids as if they are infectious for HIV, HBV, and other BBPs

Work Practice Controls – Altering the way in which a task is performed to reduce the likelihood of exposure

RESOURCES

Federal OSHA

- OSHA: Bloodborne Pathogens Reference Page
http://www.osha.gov/SLTCV/bloodbornepathogens/index.html

- OSHA Regulations (Standards – 29 CFR) Bloodborne Pathogens – 1910.1030
http://www.osha.gov/pls/oshaweb/owadisp.,show_document?p_table=standards&p_id=100

OR-OSHA

- Bloodborne Pathogens
http://www.orosha.org/reference/bloodborne.html

- OR-OSHA Bloodborne Pathogen Rule (PDF)
http://www.cbs.state.or.us/external/osha/pdf/rules/division_2/div2z-1030-bloodborne.pdf

- Questions and Answers for Occupational Exposure to Bloodborne Pathogens (PDF)
http://www.cbs.state.or.us/external/osha/pdf/pubs/2261.pdf

- OR-OSHA Workshop: 216-Exposure Control/Bloodborne Pathogens
http://www.cbs.state.or.us/external/osha/educate/training/pages/materials.html

General Information

- Bloodborne Infectious Diseases HIV/AIDS, Hepatitis B Virus, and Hepatitis C Virus
http://www.cdc.gov/niosh/bbppg.html

- HIV, Hepatitis-B, Hepatitis-C: Bloodborne Diseases
http://www.nursingworld.org/dlwa/osh/wp2.htm

Infectious Waste (Oregon)

- Oregon Health Division: Infectious Waste
http://www.ohd.hr.state.or.us/acd/docs/infectw.htm

- Infectious Waste Disposal in Oregon
http://www.deq.state.or.us/wmc/solwaste/infectiouswaste.html (OR-DEQ)

Bloodborne Pathogens: Microorganisms in human blood that can cause disease in humans such as hepatitis B or C virus (HBV/HCV), human immunodeficiency virus (HIV), malaria, syphilis, and brucellosis

If you are involved in work that could potentially expose you to BBPs, you need to know how to protect yourself from potentially infectious materials.

Modes of Transmission

The four most direct modes include:

- **Direct contact -** touching body fluids from an infected person

- **Indirect contact -** touching objects that have touched the blood or another body fluid of an infected person

- **Airborne** - breathing in droplets that became airborne when an infected person coughs or sneezes

- **Vector-borne** - receiving an infected animal or insect bite

Engineering/Work Practice Controls

Companies strive to reduce the risk of infection to employees who may be reasonably anticipated to encounter blood and other potentially infectious materials in order to perform their jobs. Some of the means to reduce risk are:

- Follow good work practices and use universal precautions.
- Wash hands thoroughly and often
- Use proper housekeeping procedures and dispose of sharps properly.
- Communicate hazards. Label material contaminated with blood or body fluids. Warning labels must be fluorescent orange or orange-red with contracting-colored lettering and biohazard symbol.
- Use red bags or labels on containers.
- Prevent exposure. Use personal protection equipment (PPE). Remove and dispose of your PPE before leaving the work area and when contaminated.
- Put used protective clothing and d equipment in designated containers for storage, decontamination, or disposal.

Hepatitis B Vaccination

Hepatitis B is the greatest bloodborne pathogen risk. Companies make the hepatitis B vaccine available to employees when they are exposed to blood on the job. A declination form must be signed if an employee refuses the vaccination series. However, the employee may be vaccinated later.

Exposure Control Plan

Employer plans contain a list of jobs with occupational exposure, methods to control exposure, vaccine information, and exposure incident and follow-up procedures.

APPENDIX A
OR-1112-22 (May 2003)

BUREAU OF LAND MANAGEMENT
OREGON/WASHINGTON

EMPLOYEE QUESTIONNAIRE FOR DETERMINATION OF OCCUPATIONAL EXPOSURE TO BLOODBORNE PATHOGENS

(EXPOSURE DETERMINATION FORM)

The purpose of this questionnaire is to determine the risk of employee's occupational exposure to the Hepatitis B virus (HBV), Hepatitis C Virus (HCV), Human Immunodeficiency Virus (HIV), and other bloodborne pathogens.

This Questionnaire contains two parts. The employee completes Part I. Part II is reviewed and completed by the supervisor or the Safety Manager.

CATEGORY 1: Employees whose job tasks routinely or occasionally place them at risk for occupational exposure to blood and bloodborne pathogens through administering 1st Aid and CPR or through exposure to hypodermic needles/syringes. All law enforcement personnel, except office support employees, are included in this category.

This category also includes employees who may be reasonably expected to have occupational exposure to blood and bloodborne pathogens. Employees generally included in this category are recreational technicians, survey crewmembers, and volunteer campground hosts.

Additionally, this category includes all employees whose work assignments in the field place them beyond responsible accessibility to a medical facility in terms of time and distance (15 minutes and/or 10 miles). These individuals are required by the OSHA Standard 29 CFR 1910.*151 Medical and First Aid* and by the BLM Manual Handbook 1112-2, *Safety and Health for Field Operations* (Chapter 10) to be currently certified in First Aid/CPR skills. (These employees must be trained to render first aid **or** be accompanied by someone who has a valid certificate in first aid and CPR.)

CATEGORY 2: This category includes support staff and office employees who are not required to have 1st Aid/CPR training. These individuals are not reasonably expected to have an occupational exposure.

QUESTIONNAIRE – DETERMINATION OF OCCUPATIONAL EXPOSURE

PART I
TO BE COMPLETED BY THE EMPLOYEE

Directions: Please circle the appropriate response to the following questions.

1. Do you empty trash containers as a routine part of your job? Yes No

2. Would you reasonably expect to find used needles or syringes in your work environment? Yes No

3. Do you clean public restrooms or maintain wastewater treatment systems as a routine part of your job? Yes No

4. Are you or will you be required to work beyond 10 miles or 15 minutes from medical facilities? Employees who answer "yes" to this question are expected to maintain current first Aid/CPR certification and may be called upon to use this knowledge/skills on the job to care for injured co-workers, a member of the public or themselves. Yes No

5. Are there other tasks, not mentioned above, which you will perform as part of your duties which you believe may involve occupational exposure to blood or other "potentially" infectious materials? If your answer is "yes," please explain below. Yes No

_____

_____

_____

_____ _____
Last Name, First Name, MI Social Security Number

_____ _____
Job Title/Location Branch

_____ _____
Telephone Number Supervisor

PART 2
TO BE COMPLETED BY THE EMPLOYEE'S SUPERVISOR AND REVIEWED BY THE SAFETY MANAGER

Based on a review of this employee's responses to the questionnaire regarding occupational exposure to blood and other potentially infectious materials, it is recommended that he/she be placed in the following category:

CATEGORY 1 _____ CATEGORY 2 _____

_____ _____
Supervisor's Signature Date

****

Based on the exposure category indicated above, I have informed the employee that they will/will not (circle one) be included in the BloodBorne Pathogens Program. If included, they will be scheduled for the appropriate vaccination series as indicated (if not previously vaccinated or the vaccination series is not declined). The employee must complete the "*Informed Consent for Hepatitis B Vaccination*" or sign the *Declination Portion* of the form. *(Appendix B* in the *Bloodborne Pathogens Protection Policy and Exposure Control Plan.)*

_____ _____
Safety Manager Date

**********Privacy Act Statement**********

Executive Orders 12107, 12196, and 12564 and 5 U.S.C. chapters 11, 31, 33, 43, 61, 63, and 83 authorize collection of medical information about employees. The Bloodborne Pathogen Standard of the Occupational Safety and Health Administration requires evaluation of exposure (29 CFR 1910.1030). The primary use of this information is to provide data necessary for proper medical evaluations and diagnoses, to ensure that proper treatment is administered, and to maintain continuity of medical care. This information assists in providing an accurate medical history of the total health care and medical treatment received by the individual as well as job and/or hazard exposure documentation and health monitoring in relation to health status and claims of the individual. It also provides a legal document describing the health care administered and any exposure incident. Such records shall be disclosed only to a very limited number of officials within the agency, generally only to the agency Medical Review Official (MRO), the administrator of the agency Employee Assistance Program, and the management official empowered to recommend or take adverse action affecting the individual.

If your agency uses the information furnished on this form for purposes other than those indicated above, it may provide you with an additional statement reflecting those purposes.

****

APPENDIX B

.....CONFIDENTIAL.....

INFORMED CONSENT FOR HEPATITIS B VACCINATION

I hereby authorize my employer to vaccinate me against Hepatitis B virus (HBV). I understand that the injections are given over a period of several months. I have been informed of occasional side effects resulting from HBV immunization, which include, but are not limited to, injection site soreness, fatigue, swelling and redness at injection site, fever, headache, dizziness, and other influenza-like symptoms. I understand that hypersensitivity to yeast is a contraindication for receiving the vaccine and that I should check with my health care provider (or the Department of Public Health where I may receive the vaccinations) for additional cautions and information regarding this vaccination series.

I will ensure that I have adequate information regarding this Hepatitis B vaccination series prior to receiving the initial dose. I acknowledge that no guarantees have been made to me concerning the results of the proposed vaccination. I hereby release my employer from any liabilities and legal responsibilities because of my decision to receive this vaccine.

_____ _____

Employee Signature Date

HEPATITIS B VACCINATION DECLINATION

I understand that, due to my occupational exposure to human blood or other potentially infectious materials, I may be at risk of acquiring the Hepatitis B Virus (HBV) infection. I have been given the opportunity to be vaccinated with the Hepatitis B Virus vaccine by my employer.

However, I wish to **DECLINE** the offer of this vaccination series at this time. I understand that by declining, I continue to be at risk of acquiring the Hepatitis B Virus. If at any time in the future, I wish to be vaccinated, I may request the vaccination series. I will incur no cost for the vaccinations.

_____ _____

Employee Signature Date

APPENDIX C

.....CONFIDENTIAL.....

INFORMED CONSENT FOR HEPATITIS A VACCINATION

I hereby authorize my employer to vaccinate me against Hepatitis A Virus (HAV). I understand that the injections are given over a period of several months. I have been informed of occasional side effects resulting from HAV immunization, which may include soreness at the injection site, fatigue, headache, and/or episodes of indigestion. I understand that I should check with my health care provider (or the Department of Public Health where I may receive the vaccinations) for additional cautions and information regarding this vaccination series.

I will ensure that I have adequate information regarding this Hepatitis A vaccination series prior to receiving the initial dose. I acknowledge that no guarantees have been made to me concerning the results of the proposed vaccination. I hereby release my employer from any liabilities and legal responsibilities because of my decision to receive this vaccine.

_____ _____

Employee Signature Date

HEPATITIS A VACCINATION DECLINATION

I understand that, due to my occupational exposure to potentially infectious materials that I may be at risk of acquiring the Hepatitis A Virus (HAV) infection. I have been given the opportunity to be vaccinated with this vaccine by my employer.

However, I wish to **DECLINE** the offer of this vaccination series at this time. I understand that by declining, I continue to be at risk of acquiring the Hepatitis A Virus. If at any time in the future, I wish to be vaccinated, I may request the vaccination series. I will incur no cost for the vaccinations.

_____ _____

Employee Signature Date

APPENDIX D - 1

……CONFIDENTIAL……

OCCUPATIONAL EXPOSURE INCIDENT PACKET
FOR
BLOODBORNE PATHOGEN EXPOSURE

Employee Instructions

You are completing this document because you have experienced an actual, or, a potential exposure to blood or other potentially infectious materials. The BloodBorne Pathogen Standard of the Occupational Safety and Health Administration (OSHA) – 29 CFR 1910.1030, requires an evaluation of this exposure.

The information contained in this packet is crucial to a proper evaluation of the exposure. Please complete the form as accurately as possible to ensure that the information you provide is clear.

The medical evaluation for a suspected exposure to blood or other potentially infectious materials must be initiated as soon as possible. The effectiveness of certain vaccines is increased when administered within 1-2 hours following an exposure. Contact your supervisor immediately to ensure access to prompt treatment. You are also required to complete an incident report (Form *CA-1 – Employee Notice of Traumatic Injury – Claim for Compensation*) as soon as possible following treatment.

Employee Statement

Name _____ SSN _____

Job Title _____ Work Location _____

Supervisor of Record _____ Contact Numbers _____

Description of Exposure Incident (Please include date and exact location and time of exposure.)

_____

_____

_____

Continue statement on reverse if necessary.

Employee Signature and Date _____

APPENDIX D - 2

Supervisor Instructions

Complete this statement as completely and accurately as possible. Provide this document to the attending physician as this information is crucial to a proper evaluation of the exposure.

Supervisor Statement

Employee Name _____ Date of Report _____

Description of Incident (Please describe the employee's duties as they relate to the exposure incident.)

_____

_____

_____

_____

_____

_____

Investigation of Exposure Source (Please describe what information is known about the source [person or object]. If an individual, include contact information if possible.) (Note: The OSHA standard requires that the source individual be tested for BBP infection if not legally contraindicated. Contact medical personnel for advice.)

_____

_____

_____

Employee Hepatitis B Virus Vaccination Status (if known)

To my knowledge, the employee **has / has not** received the HBV Vaccinations. (Circle one)

Supervisor Signature and Date _____

Contact Information _____

APPENDIX D – 3

Instructions to Health Care Provider

This employee is referred for your evaluation of an exposure incident to blood or another potentially infectious material. This referral is to be performed under the provisions of the OSHA Bloodborne Pathogen Standard – 29CFR 1910.1030. The following is a summary of important items in the standard:

1. Under the OSHA standard, the following bodily fluids are considered potentially infectious: blood, semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva, and any body fluid visibly contaminated with blood.
2. Following consent, the exposed employee should have a blood sample collected as soon as feasible and this sample tested for HBV, HCV, and HIV status.
3. The sample is to be retained for a minimum of 90 days if employee does not immediately give consent for serological testing at the time of collection.
4. Post-exposure prophylaxis is to be given according to the guidelines of the US Public Health Service (if not declined by the employee)
5. OSHA requires that you submit a report of the post-exposure evaluation. Please provide the information below. Thank you.

REPORT OF POST-EXPOSURE EVALUATION

Employee Name _____ Date of Office Visit _____

Health Care Facility Address _____

_____

Telephone Number _____

As required under 29 CFR 1910.1030 – OSHA Bloodborne Pathogen Standard:

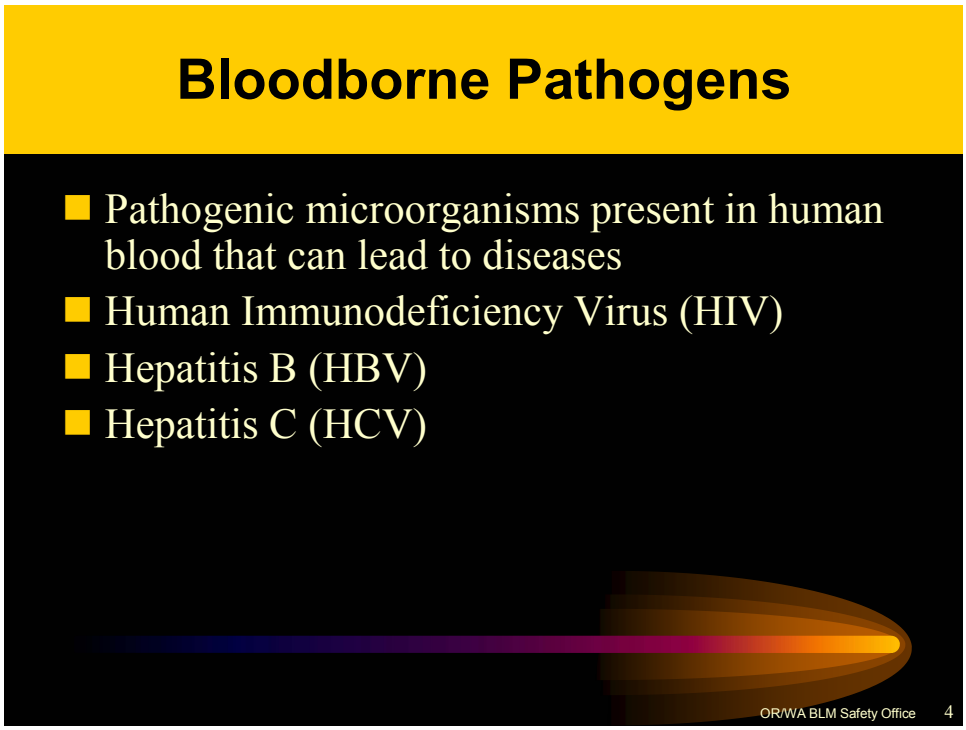
_____ The employee named above has been informed of the results of the post-exposure medical evaluation.

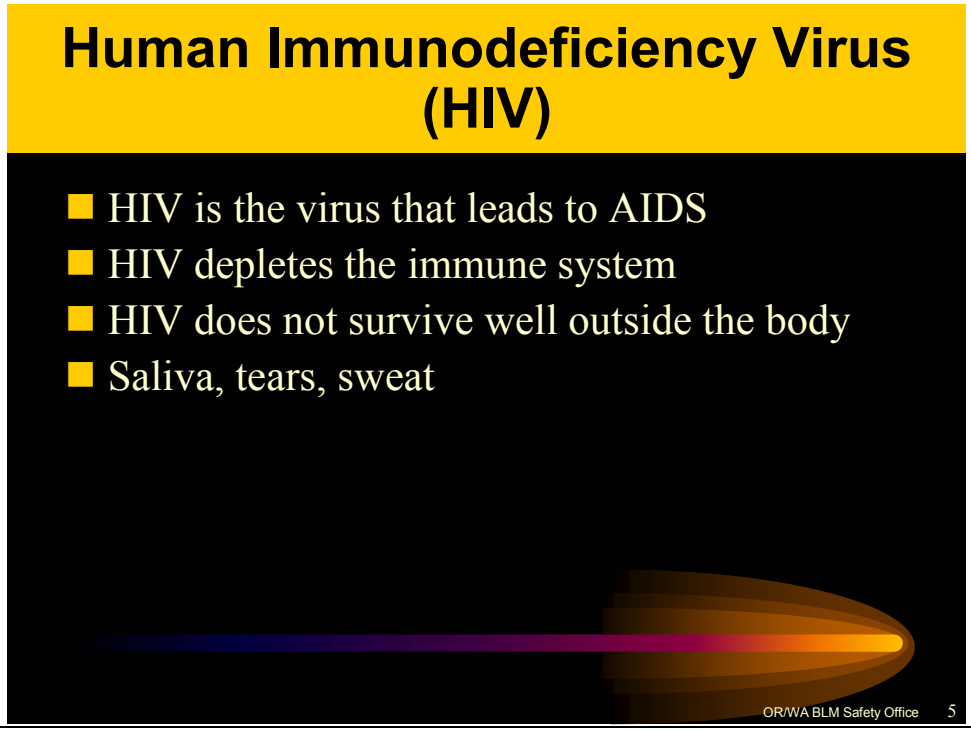
_____ the employee has been provided information concerning any medical conditions resulting from exposure to blood or other potentially infectious materials that require further evaluation or treatment.

_____ _____

Signature of Health Care Provider **Date**

ILLUSTRATION 16.6-1
Basic Information about Bloodborne Pathogens
(Individual slides from Power Point Program)





Hepatitis B (HBV)

- 1—1.25 million Americans are chronically infected
- Symptoms include: jaundice, fatigue, abdominal pain, loss of appetite, intermittent nausea, vomiting
- May lead to chronic liver disease, liver cancer, and death
- Vaccination available since 1982
- HBV can survive for at least one week in dried blood

OR/WA BLM Safety Office 6

Hepatitis C (HCV)

- Hepatitis C is the most common chronic bloodborne infection in the United States
- Symptoms include: jaundice, fatigue, abdominal pain, loss of appetite, intermittent nausea, vomiting
- May lead to chronic liver disease and death

OR/WA BLM Safety Office 7

Potentially Infectious Bodily Fluids

- Blood
- Saliva, vomit, urine
- Semen or vaginal secretions
- Skin, tissue, cell cultures
- Other body fluids

OR/WA BLM Safety Office 8

Potential Transmission

- Contact with another person's blood or bodily fluid that may contain blood
- Mucous membranes: eyes, mouth, nose
- Non-intact skin
- Contaminated sharps/needles

OR/WA BLM Safety Office 9

Universal Precautions

- Treat all blood and bodily fluids as if they are contaminated
- Proper cleanup and decontamination

OR/WA BLM Safety Office 14

Decontamination

- Wear protective gloves
- Disinfectant/cleaner provided in bodily fluid disposal kit
- Solution of 1/4 cup bleach per gallon of water
- Properly dispose of contaminated PPE, towels, rags

Safe Work Practices

- Remove contaminated PPE or clothing as soon as possible
- Clean and disinfect contaminated equipment and work surfaces
- Thoroughly wash up immediately after exposure
- Properly dispose of contaminated items

Exposure Incident

- A specific incident of contact with potentially infectious bodily fluid
- If there are no infiltrations of mucous membranes or open skin surfaces, it is not considered an occupational exposure
- Report all accidents involving blood or bodily fluids
- Postexposure medical evaluations are offered

OR/WA BLM Safety Office 21